



## **AUTO REPOSSESSOR PACKAGE POLICY APPLICATION**

In order for us to quote you **MUST** provide the following:

- Acord 125 Commercial Insurance Application
- Acord 128 Garage and Dealers if Garage Keepers is being requested
- 4 years (minimum) loss history\*
- If new in business, a completed new venture profile must be submitted (must have at least 3 years of experience).
- Completed attached supplemental application.
- If currently insured, current premium & expiration date.
- One blank copy of an Inspection/Condition form.
- One blank copy of a Hold Harmless Agreement.
- Copy of hostile debtor and invasion of privacy policy and procedures

## **APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUESTED ITEMS ARE SUBMITTED**

Submission of application does not guarantee placement of coverage.  
Quotes are subject to acceptable motor vehicle reports and loss runs.

# AUTO REPOSSESSOR APPLICATION

-ALL QUESTIONS MUST BE ANSWERED-  
IF A QUESTION DOES NOT APPLY PLEASE ENTER N/A

## SECTION I - GENERAL QUESTION SECTION

Business Name: \_\_\_\_\_

DBA'S (if any): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Owner Email: \_\_\_\_\_

Office/Mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID Number or Social Security Number: \_\_\_\_\_

U.S. DOT Number: \_\_\_\_\_ Year business started: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

1. Number of repossession trucks: \_\_\_\_\_
2. Number of drivers: \_\_\_\_\_
3. Number of Non-Driver/Clerical only (Not incl. owner / officers): \_\_\_\_\_
4. Does applicant subcontract work? ☐ Yes ☐ No If yes: \_\_\_\_\_
  - a. Number of subcontractors: \_\_\_\_\_
  - b. Are they full-time dedicated or on call? \_\_\_\_\_
  - c. How many vehicles do they operate on our behalf? \_\_\_\_\_
  - d. How do you verify your subcontractors are properly insured? \_\_\_\_\_  
\_\_\_\_\_
5. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? ☐ Yes ☐ No
  - a. If "Yes" please explain. \_\_\_\_\_
6. Who do you perform repossessions services for (by percentage, must total 100%)
  - a. Directly for lenders and banks etc \_\_\_\_\_ %
  - b. Forwarders and brokers: \_\_\_\_\_ %
  - c. Buy here/Pay here type dealerships \_\_\_\_\_ %
  - d. Other: \_\_\_\_\_ %
    - i. Describe \_\_\_\_\_
7. How many repossessions do you perform monthly (average)? \_\_\_\_\_

## SECTION II - BACKGROUND AND CLAIMS HISTORY

1. Are you required to be licensed to perform repossession services? ☐ Yes ☐ No
  - a. If Yes, list the license(s) and license number(s).  
\_\_\_\_\_
  - b. Has your license, or the license of any repossession company owned, controlled or managed by you or any of the officers of the company applying for coverage ever been revoked, suspended or investigated by the issuing agency?  
☐ Yes ☐ No
  - c. If Yes, what was the reason and what was the disposition or final outcome? \_\_\_\_\_  
\_\_\_\_\_
2. Have any owners or managers of the company applying for coverage ever been arrested for any reason?
  - a. If yes, what was the charge(s)? \_\_\_\_\_
  - b. Was the arrest in connection to or related to the operation of the business? \_\_\_\_\_
  - c. What was the outcome/disposition? \_\_\_\_\_
3. Have there ever been any claims for General Liability or Wrongful Repossession filed against the applicant, this corporation, it's owners or any previous companies they may have owned or managed?  
\_\_\_\_\_
  - a. If yes, please provide dates, details and final disposition on a separate sheet of paper. \_\_\_\_\_
4. Any prior claims for on-hook cargo? ☐ Yes ☐ No
5. Any prior claims for GKLL or GKDP? ☐ Yes ☐ No
6. Did applicant or owner(s) ever operate, manage, or been affiliated with another repossession operation: ☐ Yes ☐ No
7. If Yes, when? \_\_\_\_\_ What was the name of the company?  
\_\_\_\_\_

## SECTION III - OPERATIONAL PROCEDURES

1. Are all offices and storage facilities staffed during hours of operation?  
☐ Yes ☐ No
2. Does applicant operate overnight or on-call? ☐ Yes ☐ No
  - a. If yes, what % of the business is performed between dusk and dawn \_\_\_\_\_ %
3. Does the state, county, city etc restrict the hours/days you can perform repossessions? ☐ Yes ☐ No

4. If Yes, describe the restrictions \_\_\_\_\_
5. Describe the means by which cancellations/recissions are received at your office (i.e. fax,email, etc.)?  
☐ Fax    ☐ Email    ☐ Other  
\_\_\_\_\_
6. How are cancellations/recissions documented and confirmed received?  
\_\_\_\_\_
7. Are cancellations/recissions time stamped?    ☐ Yes    ☐ No
8. Are cancellations/recissions accepted by means of voice mail messages or text messaging?    ☐ Voice Mail    ☐ Text Messaging    ☐ Both
9. How is documentation retained?    ☐ Paper    ☐ Electronic    ☐ Other \_\_\_\_\_
10. When receiving cancellations/recissions, what arrangements are in place for your clients who are located in another time zone *(please be specific and detailed)*  
\_\_\_\_\_
11. Do any of the owners, officers, employees or subcontractors carry firearms (legal) while performing repossession operations and duties?    ☐ Yes    ☐ No
- a. If Yes, have there been any instances where a firearm has been drawn or discharged during the course of a repossession?    ☐ Yes    ☐ No
- b. Do you have a written/formal policy regarding carrying of legal firearms?  
        ☐ Yes    ☐ No
12. Are employees, agents and subcontractors fitted with operating body cameras while performing repossession duties?    ☐ Yes    ☐ No
- a. If "Yes" who is the vendor that you are contracted with?  
        \_\_\_\_\_
13. Are your employees properly trained to handle invasion of privacy, handling a hostile debtor?  
☐ Yes    ☐ No
- a. If Yes, a copy of your policy/procedures must be submitted.
14. What are your methods and procedures for gaining access to gated communities and protected homeowner associations?  
\_\_\_\_\_  
\_\_\_\_\_
15. Are you contracted with any property owners, associations or management companies to remove unauthorized or abandoned vehicles from private property tow away zones such as in condominiums, shopping centers etc?    ☐ Yes    ☐ No
16. What are your procedures for documenting existing damages and inventory of repossessed vehicles?  
\_\_\_\_\_

17. Do you take title to repossessed vehicles with the intention of selling vehicles directly to the public or auction? ☐ Yes ☐ No
18. Do you take inventory of personal effects found in repossessed vehicles? ☐ Yes ☐ No
- a. If Yes, are debtors required to sign a release to obtain these items?
- ☐ Yes ☐ No

#### **SECTION IV - EMPLOYEE SELECTION AND TRAINING**

*(please use separate sheet to answer all "Yes" questions)*

1. Are employees required to be licensed to engage in repossessions? ☐ Yes ☐ No
- a. If "Yes" please provide license or registration numbers.
- \_\_\_\_\_
2. Are criminal background checks performed on all applicants prior to offering employment?
- ☐ Yes ☐ No
- a. If Yes, what level background check is being performed? \_\_\_\_\_
- b. Are background checks performed randomly or at any point during employment?
- ☐ Yes ☐ No
- c. What criminal activity would result in the rejection of an applicant or the termination of a current employee? \_\_\_\_\_
3. Are driver record reports performed on all potential hires? ☐ Yes ☐ No
- a. What types and number of violations and/or accident frequency will result in the rejection of an applicant or the termination of a current employee?
- \_\_\_\_\_
4. What are the minimum and maximum ages of potential employees to be considered for employment?
- \_\_\_\_\_

#### **SECTION V - OPERATIONS EXCLUDED FROM COVERAGE**

The following operations are explicitly excluded. If you engage in any of the following repossession or vehicle removal operations, you can request that they be considered for coverage and added by endorsement.

- Recreational Vehicles
- Commercial Vehicles requiring CDL
- Motor Coaches and Buses
- All Watercraft
- All Aircraft
- Repossession on behalf of "buy here pay here" type dealerships.
- Tow Away Zones ie unauthorized, illegally parked, abandoned vehicles on private property.

### **Disclaimer Regarding False or Misleading Information**

I hereby certify that all information provided in this insurance application is true, complete, and accurate to the best of my knowledge. I understand and acknowledge that any misrepresentation, omission, or provision of false or misleading information—whether intentional or unintentional—may result in the denial of coverage, cancellation of the policy, or the insurance companies refusal to pay claims.

I further acknowledge that the insurer reserves the right to verify the information provided and to take appropriate legal action if fraudulent activity is suspected or confirmed.

By submitting this application, I confirm that I have read, understood, and agreed to the terms stated above.

APPLICANTS SIGNATURE

X\_\_\_\_\_ DATE\_\_\_\_\_

PRINT NAME\_\_\_\_\_ TITLE\_\_\_\_\_